



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Medication Aide

Application for *Faculty Changes* to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions

Address: 1000 West 4th Street, Suite 9

Yankton, SD 57078

Phone Number: 605-668-8475

Fax Number: 605-668-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org

Verified by: _____ (SD BON)

Facility: Irene Sunset Manor

Location: 129 E. Clay Street Irene, SD 57037

Facility RN Clinical Sponsor/Instructor(s):

Julie Spurrell _____ RN; SD license # R029790; Expires: 04/28/15

Verified by: _____ (SD BON)

Staci Binde _____ RN; SD license # R033819; Expires: 5/14/16

Verified by: _____ (SD BON)

_____ RN; SD license # _____; Expires: ____/____/____

Verified by: _____ (SD BON)

_____ RN; SD license # _____; Expires: ____/____/____

Verified by: _____ (SD BON)

AESS Program Instructor Signature: _____ Date: ____/____/____

Administrator/DON/ADON Signature: Staci Binde RN/DON Date: 6/2/14

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>6/23/14</u>	Date Application Denied: _____
Date Approved: <u>6/23/14</u>	Reason for Denial: _____
Expiration Date of Approval: <u>APRIL 2016</u>	
Board Representative: <u>SM</u>	
Date Notice Sent to Institution: _____	